

What is claimed is:

1. A method for minimizing post-infarct ventricular remodeling, comprising:
 - 5 identifying an infarcted area in a ventricle;
 - delivering pacing pulses to one or more sites in proximity to the infarcted area; and,
 - wherein the pacing pulses are delivered in a manner that pre-excites the site or sites in proximity to the infarcted area relative to other areas of the ventricle.
- 10 2. The method of claim 1 wherein the pacing pulses are delivered in accordance with a bradycardia pacing mode.
- 15 3. The method of claim 2 wherein the pacing mode is an inhibited demand ventricular pacing mode.
4. The method of claim 2 wherein the pacing mode is an atrial tracking mode.
5. The method of claim 1 wherein paces are delivered to multiple sites in proximity to the infarcted area simultaneously.
- 20 6. The method of claim 1 wherein paces are delivered to multiple sites in proximity to the infarcted area in an order defined by a specified pulse output sequence.
7. The method of claim 1 further comprising modifying the delivery of pacing pulses in accordance with impedance sensor measurements that indicate ventricular wall motion or thickness.
- 25 8. The method of claim 1 wherein the pacing pulse are delivered to multiple sites via a patch having electrodes that circumscribe a region in proximity to the infarcted area.

9. The method of claim 1 wherein the site or sites to which pacing pulses are delivered are located in the left ventricle.

5 10. The method of claim 1 further comprising modifying the delivery of pacing pulses based upon the sensing of acoustic energy generated by the heart during a cardiac cycle.

11. The method of claim 9 wherein the site or sites are paced with one or more
10 electrodes disposed in a cardiac vein.

12. A method for alleviating ischemia in a ventricular region, comprising:
identifying an ischemic region in a ventricle;
delivering pacing pulses to one or more sites in proximity to the ischemic
15 region; and,
wherein the pacing pulses are delivered in a manner that pre-excites the site or sites in proximity to the ischemic region relative to other areas of the ventricle.

13. The method of claim 12 further comprising modifying the delivery of pacing
20 pulses is modified in accordance with impedance sensor measurements that indicate ventricular wall motion or thickness.

14. The method of claim 12 further comprising modifying the delivery of pacing
25 pulses based upon the sensing of acoustic energy generated by the heart during a cardiac cycle.

15. A cardiac rhythm management device for delivering pre-excitation pacing therapy to minimize post-infarct ventricular remodeling, comprising:

30 one or more sensing channels for sensing intrinsic cardiac activity;
a plurality of pacing channels for delivering pacing pulses;

a controller for controlling the delivery of pacing pulses in accordance with a pacing mode;

5 a patch having incorporated therein a plurality of pacing electrodes incorporated into the pacing channels, the electrodes located on the periphery of the patch so as to circumscribe an infarct region when the patch is placed thereon.

16. The device of claim 15 further comprising a drug delivery system for delivering an agent selected from a group consisting of an ACE inhibitor, a beta blocker, a growth factor, and an anti-apoptotic factor.

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17. The device of claim 15 further comprising an impedance sensor for detecting changes in wall motion and wall thickness in an area in proximity to the infarct and wherein the controller is programmed to modify the delivery of pacing pulses in accordance therewith.

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18. The device of claim 15 further comprising an acoustic sensor for sensing acoustic energy generated by the heart during a cardiac cycle and wherein the controller is programmed to modify the delivery of pacing pulses in accordance therewith.